

Update!

A Periodic Report From The

Washington State Medical Quality Assurance Commission

Volume 1 2004

Summer/Fall 2004

In This Issue:

- 1 Message From MQAC Chair
- 1 Future Newsletters
- 3 WACs Regarding PA Remote Site Criteria & Utilization
- 3 Commission Seeks Input Regarding Sexual Misconduct And Abuse Rules
- 4 Policy On Use Of Lasers In Skin Care And Treatment
- 5 Sexual Misconduct Policy
- 7 Commission Seeks Input Regarding Office-Based Surgery Rules
- 8 Treating Partners Of Patients With Sexually Transmitted Chlamydia And Gonorrhea
- 8 Check Your Physician Profile
- 9 Important Physician Assistants Information
- 9 Calendar Of Events
- 10 Commission Provides Free Educational Opportunities
- 10 Retired Active Licensure
- 11 Disciplinary Actions
- 15 For Your Information
- 16 MQAC Members
- 16 Commission Staff
- 16 Important Commission Phone Numbers
- 17 DOH Credentialing Information
- 18 Name/Address Change Form ◀

Message From Medical Quality Assurance Commission Chair

Hampton W. Irwin, M.D., Chair

My term as chair of the Medical Quality Assurance Commission (MQAC) ended in July. By custom, the commission during their August workshop took stock of successes and shortcomings of the recent past in planning for 2004–2005. My appraisal of the years 2003–2004 will be mixed.

On the one hand, I will express great pride in the professionalism of our executive director, our commission attorneys, and our technical specialists. But on the flip side, I must detail what amounts to growing discontent with what our constituency perceives as

shortcomings for our success in protecting the public from incompetent and dangerous physicians.

This last year has brought criticism from several quarters. Some critics are quite correct in some of their unflattering assessments while others misrepresent the weight of authority our medical board has (or even should have) to stem the undesirable trends of healthcare in this state.

During the recent legislative session, bills were proposed based upon the premise that MQAC needs to make more early use of harsh action to

(Continued on Page 2)

Future Newsletters

The Department of Health (DOH) encourages Boards and Commissions to reduce resource consumption through eliminating paper publications by putting them on the DOH Website. This significant cost savings will provide the opportunity for more frequent publications of the *Update!*

The Medical Commission's future *Update!* newsletters will now be posted to the website without further post-card notification.

To receive the *Update!*, please go to the following url:

<http://listserv.wa.gov/archives/mqac-update.html>

Select the "Join or leave the list" and follow the instructions.

If you do not have access to the Internet or email, please request a copy of the Medical Commission's *Update!*, by writing to Beverly A. Thomas, Administrator, Department of Health, Medical Quality Assurance Commission, P.O. Box 47866, Olympia Washington 98504 or Fax 360-236-4768. ◀

Message From MQAC Chair (Continued from Page 1)

remove “bad” doctors from practice. Frequently quoted were articles by Sidney Wolfe of the non-profit group, *Public Citizen*.

In a key *New York Times* article in March 2003, Sidney Wolfe ranked state medical boards by their rates of serious disciplinary actions (revocations, surrenders) per 1000 physicians. The states with the most medical licenses taken away are the best performers. Those with the fewest are the worst. Washington ranked 41st in the 2002 data from the Federation of State Medical Boards. By Mr. Wolfe’s standards, MQAC’s deficient record for removing “bad” doctors is endangering the lives and health of our citizens.

While there are obvious flaws in this type of reasoning, there is enough food for thought from this kind of exposé journalism to give us cause to critically examine the criteria by which we make our judgment decisions.

Granted that a very small percentage of physicians and physician assistants are truly dangerous, what changes would need to be made in our current process to enable earlier actions against those whose early offenses portend future harm to their patients? Mr. Wolfe has some suggestions:

- Adequate funding for staffing and investigation.
- Proactive investigations in addition to only following complaints.
- A reasonable statutory framework for disciplining doctors.

I would add two other suggestions based upon my seven years experience on the commission:

The first would be to use our expanding data collection capacity to add our Washington experience to that of other states for discovering the attributes and early signs of dangerous medical practice. Crystal balls don’t work in our field to predict future bad results, but there are correlations coming to light for justifying heightened vigilance.

The second suggestion has to do with malpractice settlements that are reported to the commission long after the malpractice event, (as much as seven years for obstetrical mishaps). The legislature’s intent, to make early discovery of untrustworthy medical performance by reviewing settled cases, is frustrated by the delays for these cases to come to our attention. It would seem that the commission could show the need for a system to designate a skilled panel to review cases soon after they are registered lawsuits. The few cases that ought not to wait years for investigation could then be processed early on.

Another broad group of concerns MQAC needs to consider are the trends for access to competent health care for the citizens of Washington. As presently constituted, MQAC’s primary role is to respond to complaints submitted by the citizens and institutions. Putting aside for a moment the call to be more proactive, there is every reason to

expect an escalation of complaints from patients who cannot obtain care, are denied care, obtain substandard care, or are victims of medical errors and fraud.

According to John B. Coombs, MD, the University of Washington medical school has reached the limit of capacity to expand to graduate new doctors to replace physician losses. Critical shortages of practitioners exist in rural areas of Washington and in our cities. Dr. Coombs has indicated that on the surface it appears that there are at least one-third of Washington Counties without OB/GYN providers at the present time. Student interest in going into family practice has drastically diminished. Practices are finding great difficulty in replacing retiring members and meeting expansion needs because the climate for malpractice insurance and payment rates is making Washington less attractive to new and present practitioners.

Washington is a net importer of new physicians to the state. Increasing numbers of residency slots and new doctors in practice are coming from foreign medical schools.

As we look to the challenges of 2005–2007, there appears little doubt that MQAC’s case load will become larger and more complex. Sidney Wolfe’s call for state medical boards to have adequate funding for investigation and staffing certainly will be true for Washington.

Note: As of April 14, 2004 Public Citizen ranked the Washington State Medical Commission 31st based on 2003 data. ◀

Amended Rules for Physician Assistant Remote Site Criteria

WAC 246-918-120 Physician Assistant Remote Site Criteria

In July 2001, the Medical Quality Assurance Commission began the rule making process to increase public safety by requiring physician assistants to demonstrate minimal competency prior to practicing in a remote site. The CR101 was filed as WSR #01-15-089 on July 18, 2001 to officially begin the process.

After a lengthy public rule making process, the Medical Commission determined to propose the requirement of successfully passing the National Commission on Certification of Physician Assistant (NCCPA) Examination to demonstrate minimal competency.

In accordance the Administrative Procedures Act—Chapter 34.05 RCW, the proposed amendment was filed as CR102, WSR #04-05-044 on February 12, 2004. The Medical Commission held the formal rules hearing on April 16, 2004. By unanimous vote, the Medical Commission adopted the proposed amendment requiring physician assistants to pass the NCCPA examination

prior to practicing in a remote site. The amended rule will become effective June 30, 2004.

If you have any questions regarding the rule amendment, please contact either Susan Gragg, Licensing Manager, at 360-236-4787 or Beverly Thomas, Administrator at 360-236-4788 or by email to susan.gragg@doh.wa.gov.

WAC 246-918-120 Remote Site—Utilization—Limitations, Geographic.

- (1) No licensee shall be utilized in a remote site without approval by the commission or its designee. A remote site is defined as a setting physically separate from the sponsoring or supervising physician's primary place for meeting patients or a setting where the physician is present less than twenty-five percent of the practice time of the licensee.
- (2) Approval by the commission or its designee may be granted to utilize a licensee in a remote site if:
 - (a) There is a demonstrated need for such utilization;
 - (b) Adequate provision for timely communication between the primary or alternate physician and the licensee exists;
 - (c) The responsible sponsoring or supervising physician spends at least ten percent of the practice time of the licensee in the remote site. In the case of part time or unique practice settings, the physician may petition the commission to modify the on-site requirement providing the sponsoring physician demonstrates that adequate supervision is being maintained by an alternate method. The commission will consider each request on an individual basis;
 - (d) The names of the sponsoring or supervising physician and the licensee shall be prominently displayed at the entrance to the clinic or in the reception area.
- (3) ***No physician assistant holding an interim permit shall be utilized in a remote site setting.*** ◀

Commission Seeks Input Regarding Proposed Sexual Misconduct And Abuse Rules

In May of 2000, the Medical Quality Assurance Commission decided to begin the process to develop rules for sexual misconduct and abuse. However, in 2001, the Commission withdrew its proposed sexual misconduct and abuse rules for further consideration of their necessity.

The Medical Commission adopted a revised sexual misconduct policy in 2002. The Sexual Misconduct Policy serves as a guideline to physicians and physician assistants on maintaining appropriate practitioner-patient boundaries. The policy defines sexual mis-

conduct, addresses consent, assessment, intervention, and termination of the professional relationship. It also provides specific recommendations to help practitioners maintain proper boundaries with patients. The policy lists many behaviors that are inappropriate. However, many of these behaviors do not necessarily constitute "sexual contact" under RCW 18.130.180(24).

At the October 10, 2003 meeting, the Commission decided to begin the rules process again. Public workshops were held to develop language relating to sexual misconduct or abuse rules.

The Commission is soliciting input from interested parties with regard to the development of the sexual misconduct and abuse rules. Please submit any written comments no later than December 31, 2004 to: Beverly A. Thomas, Administrator, Medical Quality Assurance Commission, PO Box 47866, Olympia WA 98504-7866, or by email to beverly.thomas@doh.wa.gov, or fax to 360-236-4768.

The draft rules will be sent to all interested parties for comments via the Listserv. ◀

Policy On Use Of Lasers In Skin Care And Treatment

**Department Of Health
Health Professions Quality Assurance Division
Washington State
Medical Quality Assurance Commission
Policy Statement**

Title:	Use of Lasers in Skin Care and Treatment	Number: MD2003-03
Reference:		
Contact:	George Heye, MD	
Effective Date:	November 21, 2003	
Supersedes		
Approved	(Signature on File) Hampton Irwin, MD, Chair	

Background

The U.S. Food and Drug Administration regulates the sale of lasers¹. Lasers are prescription devices that can be sold only to licensed practitioners with prescriptive authority. Complications from the use of lasers for skin care and treatment include visual impairment, blindness, inflammation, burns, scarring, hypopigmentation and hyperpigmentation.

Policy

1. The use of a laser to treat or alter the skin is the practice of medicine under RCW 18.71.011.
2. A physician using a laser should be appropriately trained in the physics, safety and techniques of using lasers. Prior to initiating laser treatment, the physician should take a history, perform an appropriate physical examination, make an appropriate diagnosis, recommend appropriate treatment, obtain the patient's informed consent which includes informing the patient that a non-physician may operate the laser, provide instructions for emergency and follow-up care, and prepare an appropriate medical record.

3. A physician who meets the above requirements may delegate a laser procedure to an allied health professional, provided such delegation falls within the allied health professional's scope of practice. A physician making such delegation must prepare a written protocol for the allied health professional to follow in administering the laser treatment.
4. The supervising physician should ensure that the allied health professional has appropriate documented training in the area of basic dermatology and demonstrable training in the safe and effective use of a laser.¹

The allied health professional may perform specifically designed laser procedures pursuant to the written protocol. The allied health professional may not act independently or exercise independent medical judgment in performing a laser procedure.

As the complexity of a skin condition increases, so should the involvement of a physician in the care of that patient. Procedures which carry unusual or significant risks based on the age of the patient, the diagnosis, or the location on

the body, should either not be delegated at all or should be delegated only to allied health professionals whose skills and experience are commensurate with the problem. In some cases, the allied health professional may need significant medical training, such as that possessed by a registered nurse or a physician assistant.

5. The physician should provide appropriate supervision to the allied health professional. This may require that the supervising physician be on site or it may require that the supervising physician be reasonably available in person to deal with complications. This will depend on the facility, the patient, the diagnosis, the person providing the treatment and the nature of the treatment being provided. Reasonable care and safety of the patient, not physician convenience, is the standard.
6. Regardless of who performs the laser treatment, the physician is ultimately responsible for the safety of the patient. ◀

¹ The use of the word "laser" in this policy includes pulsed dye devices, intense pulsed light devices and radiofrequency generators.

Commission Revised Sexual Misconduct Statement And Policy In October 2002

Department of Health Health Professions Quality Assurance Division Medical Quality Assurance Commission Policy/Procedure

Title:	Sexual Misconduct Statement and Policy of the Medical Quality Assurance Commission	Number: MD94-05
Reference:		
Contact:	Beverly A. Teeter, Health Administrator	
Effective Date:	October 11, 2002	
Supersedes:	MD95-04 dated January 25, 1996	
Approved:	Signature on file. Hampton Irwin, MD, Chair, Medical Quality Assurance Commission	

... I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons ...¹

Introduction:

Sexual misconduct between health care providers and patients or key third parties detracts from the goals of the health care provider-patient relationship, exploits the vulnerability of the patient, obscures the health care provider's objective judgment concerning the patient's health care, and is detrimental to the patient's well-being. The Commission wishes to inform health care providers that sexual misconduct, in any form, will not be tolerated.

In enacting this policy governing sexual misconduct by health care providers, the Commission urges all health care providers to be aware that:

- A. The health care provider has sole responsibility to maintain the boundaries of the professional relationship by avoiding any type of sexual behavior with patients, or any suggestion of interest in sexualizing the health care provider-patient relationship.

- B. The health care provider has a statutory duty to report any act of sexual misconduct, unprofessional conduct, or any action that indicates that a health care provider is unable to practice with reasonable skill or safety to patients.
- C. There are serious consequences to the health care provider, patients, and the profession when the professional boundary is violated.

Policy:

I. Definitions:

- A. **Patient.** The determination of when a person is a patient for purposes of Chapter 18.130.180(24) RCW is made on a case-by-case basis with consideration given to a number of factors, including the nature, extent and context of the professional relationship between the health care provider and the person. The fact that a person is not actively receiving treatment or professional services is not determinative of the issue. A person is presumed to remain a patient until the

health care provider-patient relationship is terminated.

- B. **Health Care Provider.** A health care provider, as used in this policy, is a physician licensed under RCW 18.71 or a physician assistant as licensed under RCW 18.71A.
- C. **Key Third Parties.** A key third party is a person in a close personal relationship with the patient and includes, but is not limited to spouses, partners, parents, siblings, children, guardians and proxies.

- II. **Sexual Misconduct.** Any sexual or romantic behavior between a health care provider and a patient or key third party is forbidden and constitutes sexual misconduct. It includes any and all sexual and romantic behaviors, physical and verbal, whether inside or outside the professional setting, with persons a particular profession is intended to serve. Sexual misconduct by a health care provider frequently, though not always, involves use of the power, influence, and/or special knowledge inherent in one's

(Continued on Page 6)

profession in order to obtain sexual gratification or romantic partners.

Sexual misconduct between a health care provider and a patient or key third party includes, but is not limited to, the following behaviors:

1. Any direct, intentional genital stimulation for sexual gratification via oral, manual, genital, instrumental or other means;
2. Any manipulation or penetration of any bodily orifice by any means that is not medically indicated;
3. Any exposure, touch, or manipulation of the breasts, nipples, genital area, buttocks, or anus that is not medically indicated, is not reasonably part of routine care of the patient, or is engaged in for the purpose of sexual gratification;
4. Any medically indicated procedure or aspect of routine care involving the sexual or private parts of the body that is sexualized, prolonged, or altered in order to provide sexual gratification;
5. Any sexualized comments or gestures intended to invite or suggest sexual contact or a romantic relationship;
6. Kissing, fondling, or dating.

Each of the above actions constitute sexual misconduct by the health care provider whether initiated and/or performed by the health care provider or the patient, or by both, and whether or not it occurred inside or outside the professional setting.

III. Consent. A patient's or key third party's consent to, initiation of, or participation in sexual behavior or involvement with a health care provider does not change the nature of the conduct. The health care provider has full and sole responsibility to maintain proper boundaries. It shall not be a defense or a mitigating factor that the patient or key third party consented to, proposed, or initiated the sexual contact or the sexual or romantic relationship.

It is improper for a health care provider who engages in sexual misconduct with a patient or key third party to make efforts to avoid full and sole responsibility by pointing to the patient's or key third party's consent or initiation, or by making any other attempt to shift responsibility to the patient, for example, by asserting that the patient or key third party was seductive or manipulative.

IV. Termination of Health Care Provider-Patient Relationship.

Once the health care provider-patient relationship has been established, the health care provider has the burden of showing that the relationship no longer exists. The mere passage of time is not determinative of the issue. Because of the varying nature of types of health care provider-patient relationships, variety of settings, differing practice types, and imbalance in power between health care provider and patient, individual analysis is essential. The Commission will consider a number of factors in determining whether the health care provider-patient relationship has terminated for purposes of determining whether

sexual misconduct with a patient has occurred. These factors include, but are not limited to, the following:

1. formal termination procedures;
2. transfer of the patient's care to another health care provider;
3. whether care was terminated for the purpose of entering into a sexual or romantic relationship;
4. the length of time that has passed;
5. the length of time of the professional relationship;
6. the extent to which the patient has confided personal or private information to the health care provider;
7. the nature of the patient's health problem;
8. the degree of emotional dependence and vulnerability; and
9. the extent of the health care provider's general knowledge about the patient.

Some health care provider-patient relationships may never terminate because of the nature and extent of the relationship.

These relationships may always raise concerns of sexual misconduct whenever there is sexual contact.

V. Former Patients. A health care provider who engages in any of the above behaviors with a patient, or key third party, not currently receiving care from the health care provider commits sexual misconduct if the behavior:

1. Occurs as a result of knowledge derived by the

(Continued on Page 7)

health care provider from within the context of the professional relationship;

2. Results from the exploitation of a patient's or key third party's emotions, trust, or influence in the previous health care provider-patient relationship; or
3. Reasonably appears to constitute an abuse of power on the part of the health care provider.

VI. Diagnosis and Treatment.

Sexual misconduct excludes behavior that is required for medically diagnostic or treatment purposes and when such behavior is performed in a manner that meets the standard of care appropriate to the diagnostic or treatment situation.

VII. Discipline. A health care provider who engages in sexual misconduct commits unprofessional conduct pursuant to Chapter 18.130.180(1) and/or (24) RCW. Upon a finding that a health care provider has committed unprofessional conduct by engaging in sexual misconduct, the Commission will impose one or more sanctions set forth in Chapter 18.130.160 RCW. In some cases, revocation may be the appropriate sanction. In others, the Commission may restrict and monitor the practice of a health care provider who is actively engaging in a treatment program. When imposing sanctions, the Commission must first consider what sanctions are necessary to protect the public. Only after this is done may the Commission consider and include sanctions designed to rehabilitate the health care provider.

VIII. Recommendations to Health

Care Providers. The Commission strongly recommends that a health care provider:

1. Consider having a chaperone present during examination of any sensitive parts of the body.
2. Be aware of any feelings of sexual attraction to a patient or key third party. The health care provider should discuss such feelings with a supervisor or trusted colleague. Under no circumstances should a health care provider act on these feelings or reveal or discuss them with the patient or key third party.
3. Transfer care of a patient to whom the health care provider is sexually attracted to another health care provider. Recognizing that such feelings in themselves are neither wrong nor abnormal, a health care provider should seek help in understanding and resolving them.
4. Be alert to signs that a patient or key third party may be interested in a sexual relationship. All steps must be taken to ensure that the boundaries of the professional relationship are maintained. This could include transferring the care of the patient.
5. Respect a patient's dignity and privacy at all times.
6. Provide a professional explanation of the need for each of the various components of examinations, procedures, tests, and

aspects of care to be given. This can minimize any misperceptions a patient might have regarding the health care provider's intentions and the care being given.

7. Communicate with a patient in a clear, appropriate and professional manner. A health care provider should never engage in communication with a patient or key third party that could be interpreted as flirtatious, or which employs sexual innuendo, off-color jokes, or offensive language. ◀

¹ Excerpt from Hippocratic Oath, Fourth Century B.C.

Commission Seeks Input Regarding Proposed Office-Based Surgery Rules

The Medical Quality Assurance Commission is currently working on rule development for Office Based Surgery. They held public workshops in Spokane, Renton, Vancouver and Pasco Washington to receive input from practitioners. The first draft was reviewed by the Medical Commission's Policy Committee on April 16, 2004.

The Medical Quality Assurance Commission would like continued input from physicians on requirements for office-based surgery. If you are interested in providing comments on the rules as they develop, please contact Beverly Thomas, Administrator, at Department of Health, Medical Quality Assurance Commission, P.O. Box 47866, Olympia Washington, or by phone 360-236-4788, or by email beverly.thomas@doh.wa.gov or by fax to 360-236-4768. ◀

Treating Partners Of Patients With Sexually Transmitted Chlamydia And Gonorrhea, November 2003

Department of Health Health Professions Quality Assurance Division Medical Quality Assurance Commission Policy/Procedure

Title:	Treating Partners of Patients with Sexually Transmitted Chlamydia and Gonorrhea	Number: MD2003-04
Reference:		
Contact:	Beverly A. Thomas, Administrator or George Heye, MD	
Effective Date:	November 21, 2003	
Supersedes:		
Approved:	Signature on file. Hampton Irwin, MD, Chair, Medical Quality Assurance Commission	

Policy Statement:

The Medical Quality Assurance Commission recognizes that the adequate treatment of sexually transmitted chlamydia and gonorrhea infections has always been a difficult public health issue. When chlamydia and gonorrhea are identified in a patient the adequate treatment and prevention of recurrence in the patient often depends on the treatment of the partner or partners who

may not be available or agreeable to direct examination.

The Medical Commission recognizes that it is a common practice for health care practitioners to provide antibiotics for the partner(s) without prior examination. While this is not ideal in terms of the diagnosis and control of chlamydia and gonorrhea, the Medical Commission recognizes that this is often the only

reasonable way to access and treat the partner(s) and impact the personal and public health risks of continued, or additional, chlamydial and gonorrheal infections.

The Medical Commission urges practitioners to use all reasonable efforts to assure that appropriate information and advice is made available to the absent treated third party or parties. ◀

Check Your Physician Profile

Visit the Provider Lookup Web site at: (https://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp)

Overview

Health Professions Quality Assurance launched a Web site that provides easy access to information on health care professionals in the state. The Web site provides the health care provider's birth year and license status, including any current restrictions or disciplinary actions. If action has been taken against a health care professional since July 1998, the Web site will allow visitors to review and print copies of legal documents.

Even partial entries will result in a listing of health care professionals to choose from. If a practitioner has more than one credential to practice in

Washington, that information will be shown.

Information available on the site:

- Birth year
- Credential number
- Type of credential(s)
- Whether the health care professional's license is active, inactive, military, revoked, suspended, expired, retired, unlicensed, or deceased.
- The date when they first became credentialed
- Expiration date of credential
- Last renewal date
- Restrictions or disciplinary actions

- Copies of legal documents issued after July 1998

Information not available on the site:

- Copies of legal documents for restrictions or disciplinary actions prior to 1998
- Complaints that do not result in disciplinary action
- Malpractice settlements and criminal convictions
- Health care provider's residential address
- Specialty information
- Practitioner referrals
- Information protected by law. ◀

Important Physician Assistant Information . . .

What does a Physician Assistant need to do prior to practicing with any physician?

A practice plan outlining the working relationship must be submitted and approved by the Commission (or its designee) before a physician assistant can begin to work (see RCW 18.71A.030 and WAC 246-918-080). The practice plan may be found on the DOH website at <https://fortress.wa.gov/doh.hpqa1/hps5/medical/forms.htm>. Send forms to Department of Health Medical Quality Assurance Commission, PO Box 47866, Olympia WA 98504.

Who is responsible for the practice of a Physician Assistant?

The physician and physician assistant are both equally responsible. According to RCW 18.71A.050, "The supervising physician and physician assistant shall retain professional and personal responsibility for any act which constitutes the practice of medicine as defined in RCW 18.71.011 when performed by the physician assistant."

How many Physician Assistants can a physician supervise or sponsor?

A physician can supervise or sponsor up to 3 physician assistants without having to obtain special approval from the Medical Commission (WAC 246-

918-090). In order to supervise or sponsor more than 3 physician assistants, a letter of justification for employing the number of physician assistants must be submitted to the Medical Commission providing a detailed plan on how the supervision will be accomplished.

What defines the scope of practice for a Physician Assistant?

Certified physician assistants may practice medicine that is within their sponsoring physician's usual scope of practice. For physician assistants that are not certified, the Medical Commission has Standardized Procedures Reference and Guidelines that lists those procedures physician assistants are authorized to perform, as well as the level of supervision for each procedure. The Standardized Procedures Reference and Guideline can be found on the DOH website at <https://fortress.wa.gov/doh.hpqa1/hps5/medical/forms.htm>. Send forms to Department of Health Medical Quality Assurance Commission, PO Box 47866, Olympia WA 98504.

If a Physician Assistant works at another location away from their sponsoring physician, but it's still in the city, why is it called a "remote site"?

According to the rules, a remote site is *either* a setting physically separate from the physician's primary place for meeting patients *or* a setting where the physician will be present less than 25% of the physician assistants practice time (WAC 246-918-120(1)). This means that whether the physician assistant practices across town or next door, it's considered a remote site.

Another example is if a physician assistant practices full time for 40 hours a week at the primary location, but the physician is on site less than 10 hours, it also is considered a remote site.

What is required when a Physician Assistant leaves a practice setting?

Physician assistants and their supervising/sponsoring physicians are each required to notify the Commission that their working relationship has been terminated. Send the letter to Department of Health, Medical Quality Assurance Commission, PO Box 47866, Olympia WA 98504. (WAC 246-918-110). Until that notification has been received, the practice plan remains in effect.

For any questions, please contact Susan Gragg at 360-236-4787, or by email at susan.gragg@doh.wa.gov, or by fax at 360-236-4768. ◀

Calendar Of Events

Commission Meeting Dates

October 7-8, 2004	Holiday Inn Select, Renton
November 18-19, 2004	Holiday Inn Select, Renton
January 13-14, 2005	Holiday Inn Select, Renton
February 24-25, 2005	Holiday Inn Select, Renton
April 7-8, 2005	Holiday Inn Select, Renton ◀

Commission Provides Free Educational Opportunities

The Washington State Medical Quality Assurance Commission (MQAC), in cooperation with the Foundation for Medical Excellence, a nonprofit Oregon corporation, continues to offer a series of on-site, educational programs for physicians and physician assistants in Washington State.

The Foundation offers a selection of its popular educational activities to hospitals and other physician organizations in Washington. Most programs last approximately one hour and can be scheduled at the host group's convenience.

The following list of 27 programs are currently offered at the convenience of the hospital medical staff and are presented without cost:

- Managing Medical Mistakes
- The Rational Management of the Chronic Pain Patient
- Professional, Ethical and Legal Issues in High Dose Pain Management for Terminally Ill Patients
- The Disruptive Physician
- Anti-Anxiety Agents: Use and Mis-
- use
- Techniques to Prevent the Chronic Pain Syndrome
- Medical Peer Review: Health, Ill or Dead?
- Education, Ethical and Regulatory Issues Related to Sexual Misconduct
- Personal Risk Management Strategies: A Workshop for Physicians
- Meeting the Challenges for Physician Documentation
- Physician-Patient Communication: Clinical Tips and Common Pitfalls
- Negotiating with Drug-Seeking Patients
- Managing Medical Mistakes
- Difficult Interactions With Colleagues and Patients
- The Importance of Physician-Patient Communication in Reducing Malpractice Claims
- Communication: A Risk Management Tool
- Treating Headache Pain
- Strategies in Prescribing for Geriatric Patients
- Efficient, Effective Communication in a Managed Care Setting
- Clinician-Patient Communication Workshop
- Motivating Patients to Change Behaviors
- Choices and Changes; Clinical Influence and Patient Action
- Physician Training for Substances Abusing Patients
- Depression education for Primary Care Physicians

We invite you to participate in as many of these programs as possible. Additional topics will be added in the future. To schedule, please call The Foundation for Medical Excellence at (503) 636-2234 or email your request to www.info@TFME.org. ◀

Retired Active License

There has been some confusion surrounding the retired active license type. This article is to help clear up some of that confusion. Retired Active License information you need to know:

- The retired active license is renewable every year
- The renewal fee is \$125 per year
- Physicians must attest to 200 credit hours of Continuing Medical Education (CME) every 4 (four) years
- Physicians can only work in community clinics
- Physicians can only provide primary care services
- Physicians cannot be paid for these medical services
- Physicians can only work 90 days in a renewal year

Frequently Asked Questions:

- Can a physician on a retired active license write prescriptions for their friends and family? The answer is No—*any* practice of medicine must be within a community clinic setting.
- How does a retired active license physician change the license back to a full, active license? The an-

swer is—retired active license physicians must submit the renewal fee difference of \$325 along with a request to change their license status to full active.

Please contact Susan Gragg at 360-236-4787, or email Susan.gragg@doh.wa.gov or by fax at 360-236-4768 if you have additional questions. ◀

Commission Actions: April 2003–March 2004

Every effort is made to assure the following information is correct. However, before making any specific decisions based on this information, readers are strongly encouraged to check with the Medical Quality Assurance Commission at (360) 236-4791. The summary may not reflect a change occurring near or following the publication date.

Visit the Provider Lookup Web site to view legal documents at :

https://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp

Definition of Actions:

Summary Suspension/Summary

Limitation—Immediate suspension or limitation of a practitioner's license, pending further disciplinary action. Used in a situation where there is reasonable assumption of immediate danger to the public.

Findings of Fact, Conclusions of Law

and Final Order—Final order issued by the Commission after a formal hearing where evidence was presented, conclusions were based on law, and sanctions were ordered.

Stipulated Findings of Fact , Conclusions of Law and Agreed Order—

Settlement between a practitioner and the Commission in which both parties agree to facts, sanctions, and conditions which the practitioner must meet.

Aflatooni, Nostrat, PA

License No. PA10001271

(Spokane, Spokane County, WA)

The Commission denied the respondent's application for a license to practice medicine and surgery as a physician in the state of Washington for not meeting minimum qualifications.

October 1, 2003, Findings of Fact, Conclusions of Law, and Final Order.

Axford, Paul D., MD

License No. MD 00037613

(Puyallup, Pierce County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent's license is subject to certain terms and conditions.

October 9, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Ballard, Mary L., MD

License No. MD00025316

(Enumclaw, King County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent's license was placed on probation and subject to certain terms and conditions.

July 10, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Ballesteros, Eugenio A., MD

License No. MD00012731

(Miami, FL)

The Commission issued an order finding the Respondent had defaulted by failing to answer a December 5, 2002, statement of charges, and indefinitely suspending his license to practice medicine in the state of Washington.

June 6, 2003, Findings of Fact, Conclusions of Law and Final Order of Default.

Burdick, Theresa A., MD

License No. MD00016175

(Seattle, King County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent was reprimanded and required to comply with certain conditions.

January 15, 2004, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Carter, Richard, MD

License No. MD00016008

(Seattle, King County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent's license was placed on probation and subject to certain terms and conditions.

July 10, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Darm, Jerrold R., MD

License No. MD00018472

(Lake Oswego, OR)

The Commission and the Respondent entered into an agreed order in which the Respondent was reprimanded and his license placed on probation and subject to certain terms and conditions.

January 15, 2004, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

(Continued on Page 12)

Commission Actions: April 2003–March 2004 *(Continued from Page 11)*

Dean, Stacey R., MD

License No. MD00017348

(Pullman, Whitman County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent surrendered his license to practice medicine and surgery in the state of Washington.

December 11, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Dippel, John A., MD

License No. MD00031163

(Bellevue, King County, WA)

After the Respondent failed to respond to a May 29, 2003, Statement of Charges and Ex parte Order for Summary Action, a health law judge, on designation by the Commission, entered an order revoking the Respondent's license.

July 22, 2003 Findings of Fact, Conclusions of Law and Final Order of Default.

Dippel, John A., MD

License No. MD00031163

(Bellevue, King County, WA)

After the Respondent failed to respond to a second Statement of Charges of September 9, 2003, a health law judge, on designation by the Commission, entered a second order revoking the Respondent's license.

October 24, 2003, Findings of Fact, Conclusions of Law and Final Order of Default.

Fina, John C., MD

License No. MD00033991

(Seattle, King County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent's license was placed on

probation and subject to certain terms and conditions.

July 10, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Gladney, Samuel L., MD

License No. MD00032579

(Grapevine, TX)

The Commission found the Respondent in default for failing to answer a statement of charges and revoked his license to practice medicine in the state of Washington.

October 21, 2003, Findings of Fact, Conclusions of Law and Final Order of Default.

Hallock, Alexis, MD

License No. MD00036935

(Las Vegas, NV)

The Commission and the Respondent entered into an agreed order in which the Respondent was reprimanded and required to comply with certain terms and conditions.

July 10, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Hummel, Ralph T., MD

License No. MD0008239

(Olympia, Thurston County, WA)

The Commission and the Respondent entered into an agreed order in which the respondent agreed to permanently retire from the practice of medicine in Washington State.

May 29, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Johnson, Ellis W., MD

License No. MD00023663

(Kalama, Cowlitz County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent was reprimanded and required to comply with certain terms and conditions.

July 10, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Karpilow, Craig, MD

License No. MD00018887

(Princeton, IN)

The Commission terminated the terms and conditions of the April 16, 1997, Agreed Order. The Respondent's license is now unrestricted.

May 19, 2003, Order Granting Respondent's Request for Reinstatement.

King, Lester L., PA-C

License No. PA10003180

(Lacey, Thurston County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent surrendered his license to practice as a physician assistant in Washington.

August 20, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Larkin, Hugh A., MD

License No. MD00019388

(Gig Harbor, Kitsap County, WA)

The Commission granted the Respondent's request to terminate the March 17, 2000, Agreed Order. The Respondent's license is unrestricted.

July 2, 2003, Order on Request for Release from Commission Order.

(Continued on Page 13)

Commission Actions: April 2003–March 2004 *(Continued from Page 12)*

Larsen, Steven R., MD
License No. MD00016928
(Hanford, CA)

The Commission granted the Respondent's request to terminate the April 26, 2001, Agreed Order and reinstate his license to practice medicine and surgery in the state of Washington in full.

November 20, 2003, Order of Release and Reinstatement of Physician Privileges.

Levitt, Keith A., MD
License No. MD00036391
(Seattle, King County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent's license was placed on probation and subject to certain terms and conditions.

October 9, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Marbach, James C., MD
License No. MD00039686
(Houston, TX)

The Commission and the Respondent entered into an agreed order in which the Respondent's license was suspended indefinitely.

August 20, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Melamed, David M., MD
License No. MD00031564
(Los Angeles, CA)

The Respondent and the Commission entered into an Agreed Order terminating the Agreed Order of April 26, 2001, and reinstating the Respondent's license without restriction.

August 20, 2003, Agreed Order Terminating Order and Reinstating Physician Privileges.

Merrill, Jeffrey R., MD
License No. MD00032282
(Edmonds, Snohomish County, WA)

The Commission modified the January 24, 2002, Order to extend the time for paying the fine.

December 10, 2003, Order on Request for Modification of Commission Order.

Morgan, Robert L, MD
License No. MD00018260
(Mill Creek, Snohomish County, WA)

The Commission granted the Respondent's request and terminated the October 10, 2002 Order. The Respondent's license to practice medicine and surgery in the state of Washington is reinstated in full.

December 10, 2003, Order on Request for Termination of Commission Order.

Myers, Paul B., MD
License No. MD00018262
(Quincy, Grant County, WA)

The Commission granted the Respondent's request to terminate the July 27, 2001, Agreed Order. The Respondent's license is now unrestricted.

July 30, 2003, Order of Reinstatement.

Najera, Alex B., MD
License No. MD00025470
(Pasco, Franklin County, WA)

The Commission granted the Respondent's request to terminate the December 13, 2001, Agreed Order. The Respondent's license is now unrestricted.

July 30, 2003, Order of Reinstatement.

Ngyuen, Bang D., MD
License No. MD00021157
(Renton, King County WA)

Following a remand by the Washington Supreme Court, the Commission reconsidered the September 9, 1997, Findings of Fact, Conclusions of Law and Final Order, and affirmed the revocation of the Respondent's license to practice medicine in Washington.

June 9, 2003, Order on Remand

Paczynski, Richard P., MD
License No. MD00038262
(Pittsburgh, PA)

The Commission and the Respondent entered into an agreed order in which the Respondent's license was placed on probation and subject to certain terms and conditions.

May 29, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Pham, Ming V., MD
License No. MD00021481
(Seattle, King County, WA)

The Commission granted the Respondent's request and terminated the October 10, 2002 Order. The Respondent's license to practice medicine and surgery in the state of Washington is reinstated in full.

December 10, 2003, Order on Request for Termination of Commission Order.

Puskas, John M., MD
License No. MD00018270
(Newberg, OR)

The Commission issued an order finding the Respondent had defaulted by failing to answer a July 9, 2002, Statement of Charges, and revoked his license to practice medicine in the state of Washington.

(Continued on Page 14)

Commission Actions: April 2003–March 2004 *(Continued from Page 13)*

April 21, 2003, Findings of Fact, Conclusions of Law, Final Order of Default.

Puskas, John M., MD
License No. MD00018270
(Newberg, OR)

The Commission denied the Respondent's motion for reconsideration of the April 23, 2003, Findings of Fact, Conclusions of Law and Final Order of Default.

June 11, 2003, Order Denying Request for Reconsideration.

Richardson, John R., MD
License No. MD00014017
(Bremerton, Kitsap County, WA)

The Commission issued an order finding the Respondent had defaulted by failing to answer a July 2, 2002, Statement of Charges, and revoked his license to practice medicine in the state of Washington.

June 27, 2003, Findings of Fact, Conclusions of Law and Final Order of Default.

Robertson, Julia K., MD
License No. MD00030576
(Yakima, Yakima County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent was reprimanded and fined.

November 20, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Sandberg, Jon D., MD
License No. MD00011305
(Shelton, Mason County, WA)

Following a formal hearing, the Commission found the Respondent provided negligent care to eight patients and

placed the Respondent's license on probation subject to certain terms and conditions.

December 30, 2003, Findings of Fact, Conclusions of Law and Final Order.

Scott, Roger D., PA-C
License No. PA10003167
(Spokane, Spokane County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent's license was subject to certain terms and conditions.

October 9, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Semchyshyn, Stefan, MD
Applicant No. MC00014159
(Chuckey, TN)

Following a hearing, the Commission found the applicant had misrepresented a material fact on his application for a license to practice medicine in West Virginia, and denied his application for a license to practice medicine in Washington.

September 5, 2003, Findings of Fact, Conclusions of Law, and Final Order.

Semchyshyn, Stefan, MD
License No. MD00014159
(Chuckey, TN)

The Commission denied the Respondent's petition to reconsider its September 10, 2003, Findings of Fact, Conclusions of Law and Final Order.

December 11, 2003, Order Denying Petition for Reconsideration.

Smith, Gregory L., MD
License No. MD00037835
(Gainesville, GA)

The Commission and the Respondent entered into an agreed order in which

the Respondent's license was placed on probation and subject to certain terms and conditions.

April 10, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Stageberg, Lila M., MD
License No. MD00028147
(Selah, Yakima County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent's license was placed on probation and subject to certain terms and conditions.

July 10, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Stenecker, Sjardo S.L., MD
License No. MD00032063
(Vashon, King County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent's license was placed on probation and subject to certain terms and conditions.

October 10, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Strand, Glenn T., MD
License No. MD00004520
(Seattle, King County, WA)

Following a formal hearing, the Commission found the Respondent provided negligent treatment to 14 patients and revoked his license to practice medicine and surgery in the state of Washington.

October 8, 2003, Findings of Fact, Conclusions of Law and Final Order.

(Continued on Page 15)

Commission Actions: April 2003–March 2004 *(Continued from Page 14)*

Stuber, Paul J., MD

License No. MD00015256

(Longview, Cowlitz County, WA)

The Commission terminated the terms and conditions of the July 21, 1997, Agreed Order. The Respondent's license is now unrestricted.

May 6, 2003, Agreed Order on Request for Release

Vanderwielen, Paulus W., MD

License No. MD00005232

(Bellingham, Whatcom County, WA)

After the Respondent waived his right to a hearing on a December 9, 2002, statement of charges, the Commission entered an order revoking the Respondent's license to practice medicine in the state of Washington.

April 10, 2003, Findings of Fact, Conclusions of Law, and Final Order.

Waltner, William E., MD

License No. MD00025496

(Bellingham, Whatcom County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent's license was placed on probation and subject to certain terms and conditions.

January 15, 2004, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Warner, Phillip O., MD

License No. MD00041786

(Vancouver, Clark County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent was reprimanded and fined.

December 10, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Weddle, Joseph L., MD

License No. MD00011962

(Cashmere, Chelan County, WA)

The Commission and the Respondent entered into an agreed order in which the Respondent agreed to surrender his license to practice medicine.

January 15, 2004, Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

Winn, H. Richard, MD

License No. MD00021090

(New York, NY)

The Commission and the Respondent entered into an agreed order in which the Respondent was reprimanded and fined.

October 10, 2003, Stipulated Findings of Fact, Conclusions of Law and Agreed Order. ◀

For Your Information

Speakers Available

Commission members and/or staff members are available for group or organization meetings to discuss the responsibilities and activities of the Commission. For more information contact:

Maryella Jansen
Deputy Executive Director
(360) 236-4792



Letters to the Editor

Letters to the Editor may be submitted to the attention of Maryella Jansen, Deputy Executive Director at 360-236-4792, by email to maryella.jansen@doh.wa.gov, or by Fax to 360-236-4768. Letters to the editor may be edited for space. ◀





Medical Quality Assurance Commission

Chelle Moat, MD, Chair (Effective 7/04)	Sedro-Woolley	Internal Medicine
Cabell Tennis, JD, 1st Vice Chair	Seattle	Public Member
Samuel Selinger, MD 2nd Vice Chair	Spokane	Cardio-thoracic Surgery
Hampton Irwin, MD	Spokane	Obstetrics/Gynecology
Kenneth Cogen, MD	Bremerton	Internal Medicine—Nephrology
Julian Ansell, MD	Seattle	Urology
James Cook, MD	Wenatchee	Internal Medicine
Everardo Espinosa, MD	Edmonds	Anesthesiology
Karl Forch, PA-C	Gig Harbor	Physician Assistant
Wendy F. Hamai, PA-C	Tacoma	Physician Assistant
Frederick H. Dore, MD	Bremerton	Internal Medicine
Judith Page	Spokane	Public Member
Gilbert Rodriguez, MD	Vancouver	Anesthesiology
Rogelio Ruvalcaba, MD	Federal Way	Pediatric Endocrinology
Vankaturaman Sambasivan, MD	Pasco	Cardiology
Michael Snell	College Place	Public Member
Judith Tobin	Seattle	Public Member
Sunanda Uberoi, MD	Federal Way	Rheumatology
Douglas K. Yoshida, MD, JD	Seattle	Emergency Medicine3

Commission Staff

Commission Staff Email Address

Doron Maniece, Executive Director	Doron.Maniece@doh.wa.gov
Maryella Jansen, Deputy Executive Director .	Maryella.Jansen@doh.wa.gov
Beverly A. Thomas, Administrator	Beverly.Thomas@doh.wa.gov
George Heye, MD, Medical Consultant	George.Heye@doh.wa.gov
Mike Bahn, JD, Supervising Staff Attorney	Mike.Bahn@doh.wa.gov
James H. Smith, Chief Investigator	James.Smith@doh.wa.gov
Susan Gragg, Licensing Manager	Susan.Gragg@doh.wa.gov
Lisa Noonan, Disciplinary Manager	Lisa.Noonan@doh.wa.gov ◀

Important Commission Phone Numbers



License Verifications	(360) 236-4700
Applications A-L	(360) 236-4785
Applications M-Z	(360) 236-4784
Public Disclosure	(360) 236-4816
Compliance A-L	(360) 236-4794
Compliance M-Z	(360) 236-4793
Renewals	(360) 236-4700
Fax	(360) 236-4768

Department of Health Credentialing Information

Important! Keep For Future Reference

Mailing Addresses:

With Fees:

Health Professions Quality Assurance
Customer Service Center
PO Box 1099
Olympia, WA 98507-1099

Without Fees:

Health Professions Quality Assurance
Customer Service Center
PO Box 47865
Olympia, WA 98504-7865

Telephone:

360-236-4700

Fax:

360-236-4818

A toll free line is not available

Email:

hpqa.csc@doh.wa.gov

Online Provider Credential Search:

You may verify a credential status or expiration date by using our online Provider Credential Search. Go to <https://fortress.wa.gov/doh/hpqa1/> and click on "Provider Credential Search."

Physical Address:

310 Israel Road S.E.
Tumwater, WA 98501

Walk In Counter Hours Of Operation:

8 a.m. to 4:30 p.m.
Monday through Friday
We are closed on state holidays

Driving Directions:

Driving south on I-5, take Exit 101 and turn left at the light onto Tumwater Boulevard. Driving north on I-5, take Exit 101 and turn right onto Tumwater Boulevard. Stay in the right hand lane. Go to the second traffic light and turn left on Capital Boulevard. Move to the right lane and turn right onto Israel

Road. After the US Post Office, Point Plaza East will be on your left. Our entrance and parking lot is on the backside of the building.

Credential Expiration Date:

When you receive your credential, please note your expiration date. For MOST professions your birth date and expiration date are the same.

Renewal Information:

Your renewal must be postmarked or received by midnight of the expiration date or it is considered late. A late fee will be assessed. Payment can be received by regular or overnight mail, by courier or in person. Your credential may be renewed up to 90 days prior to the expiration date. If you do not receive your courtesy renewal reminder 4 weeks before your expiration date, please call 360-236-4700 for assistance. The Department of Health (DOH) cannot accept credit/debit cards or take payment online. **Checks or Money Orders are payable to DOH.**

Need A Duplicate Credential? Check the web site or call us for the fee required by your profession, then send a check or money order to P.O. Box 1099, Olympia, WA 98504, payable to DOH and a note requesting a duplicate credential. Remember to include your credential number.

Moved? In order to receive your courtesy renewal reminder we must have your current address. Be sure to contact the Customer Service Center with your new address.

Name Change? Please mail or fax a copy of your marriage certificate, divorce decree or court order with your name change. You will not be sent a credential showing your new name until your next renewal has been processed.

Mailed your renewal fee three or more weeks ago, and still haven't received your renewed license?

Please call your bank or the company you purchased your money order from to find out exactly what day your payment cleared, then call 360-236-4700 for assistance. ◀

To find information specific to your profession, go to the Department of Health, Health Professions Quality Assurance web page at:

<https://fortress.wa.gov/doh/hpqa1/>

Troubled Colleague?

**Call (206) 583-0127
Or 1-800-552-7236**

For Assistance or Assessment

Education • Intervention • Treatment
Referral

All Calls Are Confidential

Washington
Physicians
Health
Program

**Suite 717
720 Olive Way
Seattle, WA 98101**

WSMA - sponsored since 1986



Practitioners are required by law to keep the Department of Health informed of any change in their name or address. This will ensure receipt of the renewal notice and other timely information.

Name and/or Address Change Form

(Please type or print in ink)

License # _____ Social Security # _____
☐ MD ☐ PA ☐ PA-C ☐ PA-SA

Old Information:

Name _____

Address _____

Changes:

Name _____

Address _____

*A change in name must be accompanied by a photocopy of the marriage certificate, a divorce decree, or a court-ordered name change (whichever is applicable).

Effective Date _____ Signature _____

A licensee's address is open to public disclosure under circumstances defined in law, RCW 42.17. The address the Commission has on file for you is used for all mailings, renewal notification and public disclosure.

Mail this completed form to the Commission office:

Medical Quality Assurance Commission
P.O. Box 47865
Olympia, WA 98504-7865
Attention: Address/Name Change ◀

